

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | |
|---|-----------------------------------|--|--|---|--|--|--|----------|--|
| 1 Date of Request: _____ | | | | 2 Serial/Patent # 522099 | | | | | |
| 3 Please refund the following fee(s): | | | | 4 PAPER NUMBER | | 5 DATE FILED | | 6 AMOUNT | |
| | Filing | | | | | | | \$ | |
| | Amendment | | | | | | | \$ | |
| | Extension of Time | | | | | | | \$ | |
| | Notice of Appeal/Appeal | | | | | | | \$ | |
| | Petition | | | | | | | \$ | |
| | Issue | | | | | | | \$ | |
| | Cert of Correction/Terminal Disc. | | | | | | | \$ | |
| | Maintenance | | | | | | | \$ | |
| | Assignment | | | | | | | \$ | |
| | Other | | | | | | | \$ | |
| | | | | 7 TOTAL AMOUNT OF REFUND | | | | \$ | |
| | | | | 8 TO BE REFUNDED BY: | | | | | |
| 10 REASON: | | | | | | Treasury Check | | | |
| | Overpayment | | | | | Credit Deposit A/C #: | | | |
| | Duplicate Payment | | | 9 | | <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> </div> | | | |
| | No Fee Due (Explanation): | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | |
| TYPED/PRINTED NAME: _____ | | | | TITLE: _____ | | | | | |
| SIGNATURE: _____ | | | | <div style="text-align: right;"> PHONE: 06/13/2005 PKIDWELL <small>Adjusted Date: 02/03/2005 KKAYPAGH 00000018 041105 10322088 02 FC:2632 250.00 CR</small> </div> | | | | | |
| OFFICE: _____ | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | |
| APPROVED: _____ | | | | DATE: _____ | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: